

Minutes of The Drayton Patient Participation Group (PPG)
Thursday 13th October 2022

Present, Apologies and Welcome

Present: Mary Ramsay (chair) Jo Mortimore (Practice Operations Manager) R.L. S.M. A.P. A.F. M.V. J.G

Thanks to A.P. for minute taking.

Apologies: Daniel Ferrett Practice Business Manager, L.I. T.M

No contact from N.M.

Group members initials only shown under GDPR

A glossary of terms are provided at end of minutes

Welcome:

The meeting started with Mary introducing Jo Mortimore (Drayton Operations Manager) who gave an overview of her new role and a precise description of her previous roles. The attending members of the PPG then gave Jo a brief overview of their background reason for joining the group.

Minutes and action points of the previous meeting.

J.G. has agreed to join the group

The Vehicle / Pedestrian conflict at the car park entrance is currently being reviewed by the Surgery alongside Car Parking issues.

The PPG will revisit problem at further meetings

Action: Surgery and PPG

Minutes of the last meeting were agreed

Patient Survey:

The survey in the format of 5 or 6 questions as agreed by PPG members was closed on the date agreed. Mary told the group that 100 of the 156 replies were received on the first two days, with numbers dropping off after that. The group discussed the results and trends which were consistent throughout the survey. Although it did reflect issues which Jo explained were already being reviewed. But some of the issues raised are national initiatives which need Patient Education.

Several replies commented on the excellent service Drayton Surgery provides.

The Group was in agreement that the results should be published by Surgery along with some of the comments. Also summary how Surgery is trying to rectify some of the issues

Action: Mary to copy the survey summary to PPG members

Meet and Greet

The event organised by the Joy and Matt, the Social Prescribers in conjunction with PPG was held on Wednesday 21st September at Drayton Surgery. Although the event wasn't well supported by patients, Joy and Matt were happy with the afternoon and felt it gave them grounding for an event sometime in the future. The Macmillan Coffee/Cake Event on the day raised £120 with more sales the following day.

The afternoon too, gave insight into various service providers available.

Surgery Update

Surgery life

It is appreciated that NHS funding for GP Practices is a complex issue and it would be very

helpful if the Practice Manager could brief the PPG on the process to include advice on:

- a. What is the Practice's annual budget and how is it allocated?**
- b. Does the Practice have to be independently audited?**
- c. If so, are the annual accounts published?**

Whilst we provide NHS services, these are done by a contract with the NHS as supposed to being part of the NHS. All surgeries are, in fact, private businesses, owned and run by the GP Partners. We have a general medical services (GMS) contract with NHS England to provide GP services and further services that come with that such as nursing, immunisations and general care. We get paid per patient registered with us and regardless of how many times that patient uses the service, the money does not change – so we get paid for having patients registered not patient utilisation of the service. The funding received per patient has a carr-hill formula attached to it so it takes in to account age, sex, general health conditions, frailty, remoteness from a surgery and many other aspects, so it's not as clear cut as "we get paid X amount for X amount of patients". On top of our core funding, there are also enhanced services such as vaccinations for flu, COVID-19, Pneumonia, Shingles, HPV and Pertussis (whooping cough), Minor Surgery, Extended hours and Sexual Health (coils and implants) that is funded separately and in line with what we have provided.

With regards to allocating budget, since I have joined I have installed a new way to track our income via our accounting package Xero. This package has been in use for many years but never utilised to it's full potential. We now have 2 years worth of changed information and will be looking at putting together a proper budget based on this, for next year. For the past two years we have compared to the year before (where possible) and kept as close to that figure as possible.

Our accounts do not have to be independently audited and we do not publish our accounts as a private business.

Does the Practice budget have adequate flexibility to meet the anticipated increase in energy costs?

We are in a lucky position that we fixed our prices before the main increase to energy costs, so this has enabled us to have a much better idea of how much things will cost over the coming months – but we have definitely noticed a rise!!

There is an excellent guide to GP Practices and health care in Portsmouth on the Health & Care

Portsmouth website. Would it be possible to add this link

https://healthandcare.portsmouth.gov.uk/primary-care-networks/it-takes-a-team-to-care-for-a-community/?utm_medium=Email&utm_source=GovDelivery to our Practice website to help broaden access to this useful guide?

This is already as a tab at the very bottom of our web page as we have been working closely with the publicity team from H&SC Portsmouth on this. When our new website launches, we hope to give it a more prominent place.

On the surgery Facebook page a little while ago there was a message that patients could be referred to the Community Pharmacy Consultation Service (CPCS, how does this work and who determines the referral

We are provided information on what the pharmacy service will see – it is generally in line with Minor Illnesses: Bites/stings, Colds, Congestion, Ear problems, Eye problems, Constipation/Diarrhoea, Heartburn/Indigestion, Cystitis, Thrush, Acute pain in ankles, feet, hips, knee/leg, lower back or limbs, migraine, Skin problems such as acne, athlete's foot, blisters, nappy rash, oral thrush, scabies, rashes, warts.

When a patient with minor illness symptoms contacts their GP practice requesting an appointment the care navigator or receptionist will ask them a series of questions using a standard appropriate symptom checklist. If their symptoms are appropriate, the GP practice can refer them for a same-day consultation with a community pharmacist. With the patient's consent, the practice team can send an electronic referral message to the pharmacy the patient has chosen, to support safe follow up and audit.

Following the referral, the pharmacist will contact the patient the same day by phone and either carry out the consultation by telephone, or arrange for the patient to attend the pharmacy, if appropriate. Some patients may be offered a video consultation by the pharmacist.

The pharmacist will take the patient's clinical history and ask about symptoms and any current medication. Following the consultation, the pharmacist will offer clinical advice and may sell the patient an over the counter product if appropriate and they agree.

Pharmacists are trained to recognise 'red flag' symptoms suggestive of more serious illness and after initial triage, where symptoms do suggest something more serious, the pharmacist will help the patient to arrange an urgent GP appointment using the practice's dedicated professional number or escalate to an urgent care setting such as the emergency department, if needed.

The pharmacist will make a record of the outcome of the consultation and send it to the patient's GP by secure digital message.

This service has been bought in to support general practice and the demand on services across the board. Patient engagement is key to this service working effectively and we need to combat the "but I want to see a Doctor" attitude that we encounter daily.

We are aware of the role of the Portsmouth primary care Alliance providers as far as home visiting etc, can patients be referred through them to Secondary care?

When the Acute Visiting Service (AVS) is used, the surgery will receive a task from the visiting clinician about any other elements required such as referrals and/or further tests needed. This is possible as all of Portsmouth are using the same clinical system that inter-links with each other.

Are you aware that in order to be given a face to face appointment with a clinician you must be Triage'd over the phone First?"

This isn't true, it is only appointments with a GP that you have to triage'd over the phone for. This was bought in during COVID and has helped alleviate the inappropriate appointments that are booked with a GP when it could be done by one of our multidisciplinary teams. It was decided by the Partners that this way of working would continue post-COVID as there is a lot that does not require a face-to-face appointment and can be dealt with over the phone. Any patient who needs to be seen once they have been triage'd by a GP is asked to attend the surgery, usually on the same day.

Our Nurse Practitioners work from lists that are booked in to directly by the Care Navigator team on Reception and they have a list of what they are able to see and what can/cannot be booked in. General Nursing appointments can be booked in too.

Staff changes?

Jo Mortimore has joined us as Operations Manager, Kerry Joof has been promoted to Reception Manager and we have had a small influx of new receptionists over the past month **Mary added here that on an occasion when she met Kerry she was impressed by her attitude.**

Is Louise's role as cancer support purely Drayton or PCN.

This is a PCN role and always has been. Lou works across the three member surgeries, The Drayton Surgery, North Harbour Medical Group and Kirklands Surgery, liaising with and supporting our Cancer patients.

On the back of that How many job roles are under the PCN umbrella

The job roles we employ under the PCN are:

- Clinical Pharmacists
- Social Prescribing Link Workers
- Care Coordinators
- Pharmacy Technicians

We have 13 members of PCN staff and one PCN Manager

What's the difference between System online, the NHS App and the newer Airmid, do I need all 3 or will 1 cover what I need ... and the usual question is "is my personal information safe ". I get the feeling that there is concern around how many systems have access to their medical info along with some general issues about selecting the best system to use. Does the Practice have a preferred system at this time (acknowledging that this is likely to change over time) as it may help to simplify things for some.

They are just all different apps that link in to the medical record. SystmOnline is TPP's (our clinical system) website for accessing appointments etc and AirMid is their app. The NHS app is a national app, created by the NHS for patients to access their records. In essence, they all do exactly the same and none of the apps have any access without a specific security key/sign up process, so the information isn't just sat in the app for anyone to see.

As a surgery, we tend to promote the NHS app a little more, purely because it's easier – it also links in to eConsult which can be submitted directly from the app so certain information is self-populated.

Patients are asking Will I get that new Covid Jab that I saw on the telly

COVID boosters will be being given but, as we did in 2019 when it all started, we have to focus on specific cohorts first and work our way to the others. All patients will be invited by the surgery when we are in a position to vaccinate

AOB

Mary told the group that the E-consult contract has been renewed for a further 2 years.

Next meeting

Thursday 24th November at 5.00pm

The 2023 meeting dates will be set at next meeting

Meeting closed 18.35pm

Glossary of terms

PPG. Patient Participation Group

PCN Primary Care Network

GDPR. General Data Protection Regulations

TOR.	Terms of Reference
CCG.	Clinical Commissioning Group
ICS.	Integrated Care System
ICB.	Integrated Care Board
ICP.	Integrated Care Providers
FTA.	Failed to attend
CQC.	Care Quality Commission
QOF	Quality Outcomes Framework